



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY  
BREATH ALCOHOL PROGRAM  
INTOX DMT MAINTENANCE REPORT

RECEIVED

By Carol Day at 10:24 am, Nov 07, 2014

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days).  
Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service.  
Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

|                        |   |                                  |
|------------------------|---|----------------------------------|
| INTOX DMT SN<br>500074 | NAME OF AGENCY<br>Missouri State Highway Patrol | DATE OF INSPECTION<br>10/30/2014 |
|------------------------|---|----------------------------------|

|  |                                |
|--|--------------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>404 North Vine Street, Maryville, MO | TIME OF INSPECTION<br>21:11:52 |
|--|--------------------------------|

CHECKLIST: Place a mark in the box by each item if found to be satisfactory or is operating within established limits. (Write in observed values where determined). Unmarked items must be corrected before using instrument.

☒ DIAGNOSTIC RECORD

|  |   |
|--|---|
| DATE AND TIME <u>10/30/2014 21:11:54</u>                         | <input checked="" type="checkbox"/> DETECTOR          |
| <input checked="" type="checkbox"/> PROGRAM                      | <input checked="" type="checkbox"/> FILTER 1          |
| <input checked="" type="checkbox"/> SAMPLE CHAMBER <u>48.7°C</u> | <input checked="" type="checkbox"/> FILTER 2          |
| <input checked="" type="checkbox"/> BREATH TUBE <u>48.1°C</u>    | <input checked="" type="checkbox"/> FILTER 3          |
| <input checked="" type="checkbox"/> PUMP                         | <input checked="" type="checkbox"/> INTERNAL STANDARD |

BREATH ANALYZER ACCURACY STANDARDS

|   |  |
|---|--|
| <input type="checkbox"/> SIMULATOR STANDARD                       | <input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE |
| <input checked="" type="checkbox"/> STANDARD SUPPLIER <u>ILMO</u> | LOT # <u>17513080A5</u> EXP. DATE <u>07/01/2015</u>                |
| <input type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) _____      | SIMULATOR SN _____ SIMULATOR EXP DATE _____                        |

☒ CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)  
Run three tests using a standard. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard being used.

|  |
|--|
| <input type="checkbox"/> 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE            |
| <input checked="" type="checkbox"/> 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE |
| <input type="checkbox"/> 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE            |

|               |               |               |
|---------------|---------------|---------------|
| TEST 1: 0.077 | TEST 2: 0.077 | TEST 3: 0.076 |
|---------------|---------------|---------------|

☒ PERFORM R.F.I. TEST

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:

|             |          |            |            |            |             |
|-------------|----------|------------|------------|------------|-------------|
| REFUSALS: 0 | 0-.04: 0 | .05-.09: 3 | .10-.14: 2 | .15-.19: 1 | OVER .19: 0 |
|-------------|----------|------------|------------|------------|-------------|

LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)

INSPECTING OFFICER

|               |                                  |
|---------------|----------------------------------|
| SIGNATURE<br> | PRINT FULL NAME<br>DALE R REUTER |
|---------------|----------------------------------|

|                                 |                               |                                  |
|---------------------------------|-------------------------------|----------------------------------|
| TYPE II PERMIT NUMBER<br>240106 | EXPIRATION DATE<br>03/11/2016 | TELEPHONE NUMBER<br>816-387-2345 |
|---------------------------------|-------------------------------|----------------------------------|

RETURN COMPLETED REPORT TO THE Breath Alcohol Program, MO Department of Health and Senior Services  
Southeast District Office  
2875 James Blvd, Poplar Bluff, MO 63901



7 Eastgate Dr. • P.O. Box 790 • Jacksonville, IL 62651-0790  
217-245-2183 • Fax: 217-243-7634 • [www.ilmo-products.com](http://www.ilmo-products.com)

## Certificate of Analysis

Certificate ID: 5180  
Part #: BAC105L080T  
Cylinder Size: 105L  
Lot Number: 21913080A4  
Expiration: 9/1/2015

0.080 BAC (For use with breath alcohol testing instruments)

Contents: 105 Liters @ 1000 psig 70°F (21°C)

| Component: | Concentration: | Accuracy:                   | Method: |
|------------|----------------|-----------------------------|---------|
| Ethanol    | 208.4 ppm      | +/- 0.002 or 2%             | NDIR    |
| Nitrogen   | Balance        | BAC whichever<br>is greater |         |

\*NIST Standard Reference Material  
Cylinder No. CC14290 / Job No. 09160202  
Certified 212.8 µmol/mol Ethanol in Nitrogen  
for ILMO Products Co., Jacksonville, IL

*Specialty Gas Lab Tech*

08/22/13  
Date

Distributed by:

CMI Inc.  
316 East Ninth Street  
Owensboro, KY 42303  
Phone 866-835-0690  
[www.alcoholtest.com](http://www.alcoholtest.com)

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Accredited Laboratory

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STATE OF MISSOURI  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BREATH ALCOHOL PROGRAM

2

PERMIT  
TYPE II

DALE R REUTER

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

DATAMASTER

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 04/02/2013

NUMBER 230058

EXPIRES 04/02/2015

*W. W. S.*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Dale Veeberling*

Acting Director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)